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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	A042 P00993-US1
	First Named Inventor	SWAN, Richard
	Original Patent Number	6,490,822
	Original Patent Issue Date (Month/Day/Year)	December 10, 2002
	Express Mail Label No.	EV413392213 US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

- Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- Applicant claims small entity status. See 37 CFR 1.27.
- Specification and Claims in double column copy of patent format
(amended, if appropriate)
- Drawing(s) (proposed amendments, if appropriate)
- Reissue Oath/Declaration (original or copy)
(37 CFR 1.175) (PTO/SB/51 or 52)
- Power of Attorney
- Original U.S. Patent currently assigned? Yes No
(If Yes, check applicable box(es))
 - Written Consent of all Assignees (PTO/SB/53)
 - 37 CFR 3.73(b) Statement
(PTO/SB/96)
- CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
- Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - Computer Readable Form (CFR)
 - Specification Sequence Listing on:
 - i CD-ROM (2 copies) or CD-R (2 copies); or
 - ii paper
 - Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).
- Original Patent Grant
 - Ribboned Original Patent Grant
 - Statement of Loss (PTO/SB/55)
- Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
- Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
- English Translation of Reissue Oath/Declaration
(if applicable)
- Preliminary Amendment
- Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

17. Other: _____

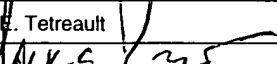
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18. CORRESPONDENCE ADDRESS

Customer Number. OR Correspondence address below

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City		State	Zip Code
Country	Telephone	Fax	

Name (Print/Type)	Mark E. Tetreault	Registration No. (Attorney/Agent)	48,239
Signature		Date	3/29/04

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

Claims as Filed – Part 1

	(1) Claims in Patent	(2) Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	(A) 18	(B) 44	**** 26 =	x \$ 9.00 =	234.00	or	x \$ _____ =
Independent claims (37 CFR 1.16(i))	(C) 1	(D) 9	* 8 =	x \$ 43.00 =	344.00		x \$ _____ =
			Basic Fee (37 CFR 1.16(h))		\$ 385.00		\$ _____
			Total Filing Fee		\$ 963.00	OR	\$ _____

Claims as Amended – Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	X \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =			
				Total Additional Fee	\$			OR

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account Number 02-0900 in the amount of \$963.00.
A duplicate copy of this sheet is enclosed. The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number 02-0900.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ _____ to cover the filing/additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.

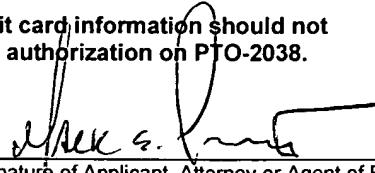
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3/29/04

Date

48,289

Registration Number, if applicable



Signature of Applicant, Attorney or Agent of Record

Mark E. Tetreault

Typed or printed name

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